



PATENT
ATTORNEY DOCKET NO.: NG(MS)7188

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Kenneth W. Aull

Confirmation No.: 4633

Application No.: 09/704,417

Examiner: Christian A. Laforgia

Filing Date: 1 November 2000

Group Art Unit: 2131

Title: *Chain of Trust Processing*

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Response/Amendment | <input type="checkbox"/> Request to extend time to respond |
| <input type="checkbox"/> New fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input checked="" type="checkbox"/> No additional fee | |
| <input type="checkbox"/> Other: _____ (fee \$ _____) | |

| CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY | | | | | | |
|--|-----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|----------|-----------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| FOR | CLAIMS REMAINING AFTER AMENDMENT | NUMBER EXTRA | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEES |
| TOTAL CLAIMS | | MINUS | | 0 | \$50.00 | \$0.00 |
| INDEP. CLAIMS | | MINUS | | 0 | \$200.00 | \$0.00 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | \$360.00 | |
| EXTENSION FEE | 1ST MONTH | 2ND MONTH | 3RD MONTH | 4TH MONTH | | |
| | \$120.00 <input type="checkbox"/> | \$450.00 <input type="checkbox"/> | \$1,020.00 <input type="checkbox"/> | \$1,590.00 <input type="checkbox"/> | | |
| OTHER FEES | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$0.00 |

Charge \$ _____ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

CERTIFICATE OF MAILING (37 C.F.R. 1.8A)

I hereby certify that this correspondence is, on the date shown below, being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: 26 June 2006

Lisa L. Pringle

Lisa L. Pringle
Signature

Respectfully submitted,

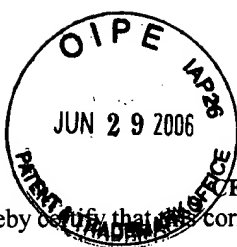
By *Christopher P. Harris*
Christopher P. Harris

Attorney/Agent for Applicant(s)

Reg. No.: 43,660

Date: 26 June 2006

Telephone: (216)621-2234



IFW 2131

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8A)

I hereby certify that the correspondence is, on the date shown below, being:

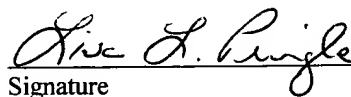
MAILING

☒ deposited with the United States Postal Service,
with sufficient postage, as first class mail in an
envelope addressed to the Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-
1450

FACSIMILE

_____ transmitted by facsimile to the Patent and
Trademark Office.

Date: 26 June 2006



Signature

Lisa L. Pringle

(type or print name of person certifying)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)

Kenneth W. Aull)

Serial No.: 09/704,417)

Filed: 1 November 2000)

For: *Chain of Trust Processing*

) Group Art Unit: 2131

) Confirmation No.: 4633

) Examiner: Christian A. Laforgia

)

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 5, 2006, issued in connection with the
above-identified application, please enter and consider the following amendments and remarks.

Amendments to the claims are reflected in the listing of the claims, which begins on
page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.